

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10/533632

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |             |                          |
|----------------------------------|-------------|--------------------------|
| U.S. NATIONAL STAGE FEES         |             |                          |
| BASIC FEE                        |             |                          |
| EXAMINATION FEE                  |             |                          |
| SEARCH FEE                       |             |                          |
| FEE FOR EXTRA SPEC. PGS.         | minus 100 = | / 50 =                   |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =  | *                        |
| INDEPENDENT CLAIMS               | minus 3 =   | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |             | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OR OTHER THAN  
SMALL ENTITY

| RATE       | FEES |
|------------|------|
| BASIC FEE  | 150  |
| EXAM. FEE  | 100  |
| SEARCH FEE | 50   |
| X \$ 125 = |      |
| X \$ 25 =  |      |
| X \$ 100 = |      |
| + \$ 180 = |      |
| TOTAL      | 300  |

| RATE       | FEES |
|------------|------|
| BASIC FEE  |      |
| EXAM. FEE  |      |
| SEARCH FEE |      |
| X \$ 250 = |      |
| X \$ 50 =  |      |
| X \$ 200 = |      |
| + \$ 360 = |      |
| TOTAL      |      |

365

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
|   | Total                                     | Minus |   |                  |
| Independent   | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 25 =           |                        |
| X \$ 100 =          |                        |
| + \$ 180 =          |                        |
| TOTAL ADDIT.<br>FFF |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 50 =           |                        |
| X \$ 200 =          |                        |
| + \$ 360 =          |                        |
| TOTAL ADDIT.<br>FFF |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
|   | Total                                     | Minus |   |                  |
| Independent   | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 25 =           |                        |
| X \$ 100 =          |                        |
| + \$ 180 =          |                        |
| TOTAL ADDIT.<br>FFF |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 50 =           |                        |
| X \$ 200 =          |                        |
| + \$ 360 =          |                        |
| TOTAL ADDIT.<br>FFF |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.